## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-13-2010</u>	Address:	Hickory Road between
Case #:	<u>24-31389</u>		15th and 16th County Road
County:	<u>Marshall</u>		Marshall County, Indiana
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other: Culvert next tocreek
	nd: Location (bedroom, kitchen, open a	<u>ir, etc)</u>	
(check all the Lithium	hat apply) n/Ammonia Reaction(s): <u>near bridge/</u>	<u>creek</u>	
Red Phosphorous/Iodine Reaction(s):			
Flamma	able Solvents:		
Water I	Reactive Metal (Lithium): near bridge	e/creek	
Anhydr	rous Ammonia:		
Mydroc Hydroc	hloric Acid Gas Generator(s): near br	ridge/creek	
⊠ Corrosi	ve Acid: near bridge/creek		
Corrosi	ve Base:		
Other (i	tem and location):		•
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This repor	t is to be faxed to the following ager	ncies that serve the lo	ocation:
Fire Depart	rtment: Plymouth Fax: 574-936-5256		
Health Department: Marshall		Fax: <u>574-9</u> Fax:	
Child Prote	ction Service:	- WIII	•
	information regarding this methamph		

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.